HEALTH INFORMATION TECHNOLOGY BLUE RIBBON TASK FORCE
MEETING MINUTES

June 11, 2010
9:00 am

Legislative Building
401 South Carson Street, Room 2134
Carson City, NV 89701-4747

Grant Sawyer State Office Building
555 East Washington Avenue, Room 4401
Las Vegas, NV 89101-1072

TASK FORCE MEMBERS PRESENT:

Carson City:
Peggy Brown
Tom Chase
Robert "Rob" Dornberger
Charles "Chuck" Duarte
Stephen Loos, MD
Russell Suzuki
Marena Works, RN

Las Vegas:
Dr. Raymond Rawson, Chairman
Marc Bennett, Vice Chairman
Bobbette Bond
Chris Bosse
Brian Brannman
Valerie Rosalin, RN
Joanne Ruh
Robert "Bob" Schaich
Maurizio Trevisan, MD
Glenn Trowbridge

TASK FORCE MEMBERS EXCUSED:

Dr. Tracey Green
Rick Hsu

DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF PRESENT:
Lynn O'Mara, State HIT Coordinator, Director's Office, DHHS
Cynthia Pyzel, Senior Deputy Attorney General, Office of the Attorney General
Joyce Miller, Administrative Assistant, Director's Office, DHHS
Theresa Presley, IT Professional, Office of Informatics and Technology, Health Division

OTHERS PRESENT:
David Brown, Emerging Technology Specialist, AT&T
Justin Luna, Nevada Medicaid – DHCFP
Alex Tunchek, representing Neena Laxalt
Alicia Hansen, Chief Biostatistician, Nevada State Health Division
Michael Pennington, CSA/DC
Michael Hackett, NSMA
Pat Irwin, AT&T
Lynne Foster, DHCFP
Todd Radtke, Regional CIO, Nevada Rural Hospital Partners
Mel Rosenberg, Chief of IT, Division of Health Care Financing and Policy
Kimberly Messersmith, 3 Click Solutions
Tom Deas, MD, Board Member, North Texas Specialty Physicians and Chief Medical Officer, Sandlot Solutions

Dave Palmisano, North Texas Specialty Physicians
Garth Winckler, WorldDoc, Inc.
Deborah Huber, HealthInsight, Las Vegas
Erin McMullen, Law Firm of Snell & Wilmer
Samuel P. McMullen, Law Firm of Snell & Wilmer

Dr. Raymond Rawson, Chairman, called the meeting to order at 9:10 a.m. He stated that the meeting agenda was posted in accordance with Nevada Open Meeting Law at the Nevada Department of Health and Human Services, the Grant Sawyer State Office Building, the Legislative Building, the Nevada State Library and Archives, and on the Nevada Department of Health and Human Services web site. He also explained that the meeting was being videoconferenced from the Grant Sawyer Building in Las Vegas to the Legislative Building in Carson City, as well as being broadcast live over the Internet.

Dr. Rawson stated that public comment would be taken later during the meeting. He reminded everyone that when speaking to state their name and who they represented, for the record. Also, he commented that as the Chairman, he reserved the right to limit comments to three (3) minutes per person, and would respectfully interrupt if the time was exceeded. He asked that information already presented by someone else not be repeated. In addition, he further explained that our committee follows the Robert's Rule of Order. In addition, he reminded the Task Force members that when they are speaking to always identify themselves beginning with 'for the record' and that it is always necessary to identify the speakers with their corresponding comments. He also reminded everyone in Carson City and Las Vegas to please sign the attendance sheet for their location.

Dr. Rawson requested that Joyce Miller call the roll.

1. Roll Call and Approval of Meeting Minutes from the May 07, 2010 Meeting
Joyce Miller called the roll. She informed the Chairman that Rick Hsu was excused, as well as, Dr. Tracey Green who was being represented by Theresa Presley, IT Professional for the Nevada State Health Division.

Dr. Rawson noted a few corrections to the minutes of the May 07, 2010 HITBR Task Force meeting, and asked for a motion to approve the minutes with corrections.

MOTION: Marc Bennett moved to approve the minutes from the May 07, 2010 meeting.
SECOND: Robert Schaich
APPROVED: UNANIMOUSLY

2. Staff Reports
Mr. Duarte reported that Nevada Medicaid was working closely with Ms. O'Mara on the environmental scan, as it was required for both the State and Medicaid HIT Strategic Plans, and it being conducted by Public Knowledge. The scan data is being collected through an online survey, stakeholder focus groups, and one-on-one interviews with stakeholders and subject matter experts. To date, just over 100 responses have been received, and the preliminary analysis indicates:

- Over half of the respondents have indicated they have plans to apply for Electronic Health Record incentives through Medicaid or Medicare.
- Over 75% of the respondents currently have a plan for incorporating or plan to incorporate an EHR system in their practices.
- Respondents already using an EHR system cited the need for additional staff training and the cost associated with system maintenance and upgrades as the two most frequent barriers to increased utilization.
- Of the respondents who did not have an EHR system, over half noted that the cost was the chief barrier.
- Respondents indicated needing assistance in two areas: Funding for the purchase of an EHR system and more information about the state and federal level HIT efforts.

Mr. Duarte informed the Task Force that the online survey would be available through June 30, 2010 and requested that Task Force members encourage eligible providers to complete the survey. He explained that

Medicaid is also working with Public Knowledge to develop the administration plan for EHR incentive payments and tools for achieving and tracking meaningful use and using Health Information Exchange.
He reported that a Letter of Intent to Award was issued to Hewlett-Packard for the Nevada Medicaid Management Information System takeover RFP. Mr. Duarte reminded the group that the RFP included an HIE option, and contract negotiations would begin the week of June 14, 2010.

Mr. Schaich asked if any assessment has been made as to what percent of practicing physicians or medical facilities were represented by the survey responses. Mr. Duarte replied that his staff would obtain that information for him. He commented that Public Knowledge's ability to identify individual practitioners or institutions is dependent on whether or not the respondent on the survey includes that information.

Mr. Bennett inquired if the survey asked how many providers were represented in the practice site. Mr. Duarte stated that while the survey did request that information, it would depend on what information the respondent provided.

Ms. O'Mara, on behalf of the Broadband Task Force, informed the Task Force that the Broadband Interactive Map was now available online and could be accessed through Nevada's ARRA Web site. She commented that once the environmental scan was complete, it would probably be helpful to overlay that data with the Broadband Map.

She provided an update on the HIE grant funding, and reported that the HIE Financial Viability and Sustainability Subcommittee would be providing information regarding grant match requirement later during the meeting. Ms. O'Mara explained that the time certain members spent attending Task Force and Subcommittee meetings was eligible as "In Kind" match. She announced that a contractor had been hired to conduct the required regulatory and policy inventory for the HIT Strategic Plan. Ms. O'Mara acknowledged the assistance provided by the Nevada State Medical Association and Nevada Hospital Association in conducting the environmental scan.

Ms. O'Mara provided a summary of the mandatory State Health Information Exchange Program Leadership Training and Kickoff Summit that she attended with DHHS Deputy Director Mary Liveratti. She reported that ONC had awarded the Technical Assistance to States contract to Deloitte, who would be taking over the role from AHIMA sometime in August. Ms. O'Mara commented on health care reform activities that overlapped with HIT efforts. She noted that the MBA students at the UNR College of Business were assisting some of the Subcommittees through independent study projects and acknowledged the support of Dean Greg Mosier, Dr, Jeanne Wendel and Dr. Dana Edberg.

Mr. Duarte reported CMS had announced that ONC is going to be responsible for establishing electronic standards regarding Health Insurance Exchanges, in addition to the current work being done for Health Information Exchanges and HIT, and would be providing guidance to states. He noted that Jeffrey Brenn and David Stewart from the Nevada Division of Welfare and Supportive Services, who were selected by CMS to serve on the national Health Insurance Exchange Eligibility Task Force.

3. Informational Item
Dr. Rawson stated Senate Bill 319, Section 22 requires the Health Division to investigate options for creating a unique patient identification mechanism. He asked Ms. O'Mara to explain the relevance to the Task Force and to introduce Alicia Hansen, who would present more information.

Ms. O'Mara informed the Task Force that Senate Bill 319, or SB 319, and the HIE Cooperative Agreement had overlapping requirements regarding the development of some kind of unique patient identifier. Ms. Hansen was the designated Health Division lead for SB 319, and would be presenting information about the research already done by the Health Division.

Ms. Hansen presented information contained in the handout entitled "Unique Patient Identification Mechanism and HIE Requirements." She explained that SB 319 required the Health Division to investigate options for creating a unique patient identification mechanism to allow a patient to be identified from one

facility or provider to another without requiring the disclosure of a social security number. The bill also required the Health Division to report the results of its investigation to the Legislative Committee on health care by July 1, 2010. Ms. Hansen reported that stakeholder meetings had been held, during which the overlap with HIE requirements had been noted. After providing information on the potential options, she stated that partnering with the Task Force would be the most effective way to address the issue, to avoid any duplication of effort.

Ms. Bond asked if Ms. Hansen had completed any research regarding what other states have done. Ms. Hansen replied she was gathering information and would report back to the Task Force. After an additional Task Force discussion, Mr. Bennett stated that most operating HIEs solved the problem by utilizing an algorithm to create their own unique identifier. He cautioned that there were related political issues, and advised moving forward carefully.

Ms. Bosse expressed concern about the ability to accomplish interstate HIE, if each state was developing its own unique patient identifier. Ms. Hansen responded that while some work was being done, federal law prohibited the use of a single, national unique patient identifier. Ms. Bosse requested further information about the federal prohibition, and Ms. Hansen agreed to research the issue. Dr. Rawson asked Ms. Hansen to provide the results of her research to the Task Force. Ms. O'Mara suggested that researching what Tennessee has developed may be useful, as its residents access medical care from eight border states, and have to share health information with out-of-state providers.

Dr. Rawson asked if there were any public comments at this time. Mr. Winckler introduced himself as the President and CEO of WorldDoc, Inc. and reported that his company had developed several different algorithms based on client needs. He described how WorldDoc was able to identify and move an individual's health information from different sources into a personal health record and exchange that information. There were no other public comments.

4. Informational Presentation

Dr. Rawson commented that Dr. Deas would provide important information for the Task Force to consider.

Ms. O'Mara introduced Dr. Deas, the Chief Medical Officer of Sandlot Solutions, LLC, which had developed and implemented an HIE solution. Dr. Deas is a Board Certified Gastroenterologist who received his medical degree while serving in the Air Force and is a board member of the North Texas Specialty Physicians (NTSP) group, which founded Sandlot.

Dr. Deas presented information contained in an untitled handout and via a video that demonstrated Sandlot's HIE solution. He described his experiences utilizing an EMR system and HIE over the past 2-3 years. He commented that the ability to communicate with other providers and exchange information securely had transformed health care delivery within the NTSP. Dr. Deas shared that he personally experienced greater effectiveness as a physician, a more efficient practice, enhanced quality of services, and improved patient safety. He also presented a patient case study to illustrate the positive impact of an EMR system and HIE. Dr. Deas stressed the importance of the patient receiving timely and appropriate medical intervention at the point of care.

Dr. Deas shared HIE lessons learned by Sandlot:

- True interoperability is necessary to eliminate information silos.
- Assure ease of technology adoption with efficient clinical workflow; all sources need to be accepted into the HIE and it needs to be easy to adopt and integrate well into the office positions. If the HIE makes workflow inefficient and confusing, it will not be adopted.
- Pursue a critical mass of physician and community adoption; hard works and incentives will be necessary.
- Patient confidence is critical; patients must be assured that this system is a good thing for them and their information will be protected and secure.
- Create a financially sustainable model.

Dr. Deas concluded his presentation by noting key benefits of HIT:

- Shared patient information achieves cost savings.
- Care is delivered more efficiently with less duplication of resources.
- Fewer medical mistakes means better care at lower cost.
- Safety and security of clinical information increases patient confidence.
- Medicaid fraud detection yields cost savings.

Mr. Schaich and Dr. Trevisan posed questions to Dr. Deas regarding the implementation, integration and utilization of Sandlot's system, as well as HIE in general. He responded to each question, with additional discussion as necessary.

Ms. Presley queried Dr. Deas about patient consent, EHR security, and data access. Dr. Deas explained NTSP's Opt-In policy and procedures, how the break glass procedures worked, and what data was included in the EHR.

Mr. Brannman asked if the Sandlot system used a unique patient identifier. Dr. Deas stated that an aggregate of measures was used to identify a patient record, and not a number. He commented that the Sandlot system used five or six parameters (e.g. name, address, date of birth, zip code, etc.) to identify an individual, and there were few instances where the system was unable to identify an individual using those parameters.

Ms. Bond inquired about the NTSP system's volume of physicians, patient records and transactions. Dr. Deas stated that currently there were approximately 1.5 million patient records in the system, that an estimated 55,000 HIE transactions occurred daily, and that there were about 1,400 physician participants

Mr. Suzuki asked Dr. Deas to describe the financial model for the sustainability of the solution. Dr. Deas answered that the NTSP financial model was unique, as the group's main revenue stream of several million dollars annually is from Medicare. He commented that early adopters have been offered free licenses and support for three years, and free portal access to members.

Mr. Bennett inquired about Sandlot's physical database, data formats, and security measures for data access. Dr. Deas stated that it was and explained that Sandlot's HIE was a centralized single server database with all vendor sources feeding into one site, with the exception of radiology images. He explained data format of the stored information and the audit trail for ensuring authorized data access.

Mr. Suzuki inquired if the Sandlot system could produce a report of patient information disclosure, as required by HIPAA. Dr. Deas explained that the Sandlot system tracked everyone who has accessed the system and what information they had obtained, so that the required report could be produced.

5. Work Session

Dr. Loos reviewed the work done by the Subcommittee on HIE Technical Infrastructure, to date. The Subcommittee focused on the functionality required for effective HIE, meeting meaningful use requirements, and addressing the needs of rural providers. A schematic diagram was presented of what a possible state HIE infrastructure would need to include. Dr. Rawson commented that the system would need to accommodate growth and not require redesign each time functionality was added. He also noted that it was probably time for the HIE Technical Infrastructure Subcommittee and the HIE Governance and Accountability Subcommittee to work in partnership. Mr. Bennett shared his HIE experiences as a 15-year board member of Utah Health Information Network.

Ms. Bond summarized the work done to date by the Subcommittee on HIE Governance and Accountability. She agreed that it was time for her Subcommittee to work jointly with the Technical Infrastructure Subcommittee. Ms. Bond stated that the research being done by the UNR students would also be needed, in order to move forward. She posed the question of having to include the HIE governance structure in the proposed bill drafts. Ms. O'Mara commented that it may be necessary to do that, and a final proposed bill draft would be presented to the Task Force at a future meeting.

Ms. Bosse reviewed the work done so far by the Subcommittee on HIE Financial Viability and Sustainability. The focus has been on understanding the implementation and ongoing operational costs of an HIE, in order to determine a path to sustainability. Also, the Subcommittee has been working to better understand the grant match requirements to identify the sources necessary to meet them. Ms. Bosse stated that the comparative matrix of HIE models being researched and compiled by the UNR students would help the Subcommittee with meeting its objectives. Mr. Bennett asked if ONC had already compiled that information; Ms. O'Mara responded that it had not at this time.

Mr. Trowbridge reported on the work done by the Subcommittee on HIE Privacy, Security and Patient Consent. The members were working on identifying guiding principles, as other states have done, to ensure that critical issues were not overlooked. The ACLU of Nevada had provided the Subcommittee with an overview of important issues that were being addressed. The Regulatory and Policy Inventory, required by the HIE grant, had been initiated by DHHS; the results would determine the next steps for the Subcommittee.

Subcommittee: EHR Adoption and Meaningful Use
Mr. Bennett summarized the work done by the Subcommittee on EHR Adoption and Meaningful Use. The focus has been identifying barriers to adoption and developing strategies to remove them, work force readiness issues and data transmission standards and data needs in relation to achieving meaningful use. He reported that the Regional Extension Center is experiencing a slow pace in enrolling physicians and HealthInsight was developing strategies to reach out to the provider communities. Mr. Winckler offered to share additional resources with that the Subcommittee might find helpful.

6. Public Comment and Discussion
Ms. O'Mara reported that ONC was directing the state HIE cooperative agreements to focus on enabling the implementation of three HIE functions in 2011: E-Prescribing, Clinical Discharge Summaries, and Lab Data.

7. Adjournment
Dr. Rawson adjourned the meeting at 11:11 a.m.